



Home Health Screen

If you respond “yes” to any of these questions, please **DO NOT** come to school or send your child to school.

- ✓ Is anyone in your home experiencing coronavirus-like symptoms?
- ✓ **Within the past 10 days**, have you been around anyone who tested positive for Coronavirus or is presumed to be positive?
- ✓ **Within the past 10 days**, have you traveled out of the continental United States including Hawaii? <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>

If yes, YOU MUST NOTIFY YOUR SCHOOL NURSE OR SCHOOL PRINCIPAL

Traveling outside the continental US, including Hawaii, will require a 10-day quarantine.

- ✓ Are you currently taking any medication to treat or reduce a fever such as ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?
- ✓ Are you currently experiencing any of the following?

Group A 1 or more symptoms	Group B 2 or more symptoms
Fever (100.0 or higher) or felt feverish	Sore throat
Cough	Runny nose/congestion
Shortness of breath	Chills
Difficulty breathing	Rash
Conjunctivitis (red, watery, itchy eyes)	Muscle pain (unexplained)
Vomiting	Nausea
Diarrhea	Headache
Lymph node enlargement (swollen glands)	
Swelling of the palms and soles of the feet or skin peeling in those areas	
Sharp abdominal pains	
New lack of taste or smell	

Stay home if you (the student):

- Have one or more symptoms in Group A **AND/OR**
- Have two or more symptoms in Group B **AND/OR**
- Are taking fever reduction medication

If your child stayed home as a result of answering “yes” to any of the above questions, we ask that you call your school nurse prior to returning your child to school.